



Children, Families, Health, and Human Services Interim Committee

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58th Montana Legislature

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June 14, 2004

To: Committee Members

From: Susan Byorth Fox, Research Analyst

Re: **Coordinated Statewide Leadership Proposal Status #2**

I met with the ICC on May 27, 2004. Each member had received a bill draft in advance of the meeting. Seven members were in attendance. The draft concept was not well received for the following reasons: political barriers between numerous elected officials would prevent action, "holistic" is undefined and the concept is too broad to be workable, directives to various departments and programs will not work, it was seen as only adding another layer of bureaucracy, with too many duties, another level of reporting, and more meetings that may not accomplish the goals.

Director Gray has proposed that ICC be repealed and that the VISTA program, the Prevention Resource Center, and the Prevention Connection newsletter still remain with the department. The department will be taking an open 0.75 FTE position and placing it in the newly-formed Office of Planning, Coordination, and Analysis (formerly the Refinance Unit) which is attached to the Governor's Office. This position will perform intra-agency coordination for prevention activities.

At the ICC meeting, alternatives that were suggested included a once a year meeting where agencies shared their accomplishments and presented a mandated annual report for each department with a prevention program of what had been done, including goals or benchmarks for the future that could be measured the following year. Changes that were discussed and supported included adding members to the Board of Crime Control and possibly changing the name to the Board of Public Safety (which encompasses the wider range of activities that prevent crime, delinquency, and substance abuse). It was believed that the focus on prevention, especially public health, etc. should be maintained in DPHHS. Another alternative was to scale back the bill to a substance abuse prevention/treatment officer to be housed in AMDD. It was also suggested that if there were issues between the parallel treatment systems in the Department of Corrections and in DPHHS that they be addressed specifically.

The ICC will be sending a formal recommendation or summary of its direction to the Committee for consideration. The Committee staff recommendation is to substitute consideration of the ICC document for the staff bill draft that the Committee authorized because of the resistance to its

basic premises. The Committee could adopt a formal response or resolution to the Department encouraging the intra-agency coordination and relaying the Committee's expectation that it occur.

Observations of what has changed since the Committee began its deliberations and chose to pursue coordinated statewide leadership include:

1. The DPHHS is elevating a person to an office that will concentrate on intra-agency prevention efforts and will maintain the Prevention Resource Center. This person could help bring about many of the changes that were desired in a chief prevention officer within the agency that does have numerous prevention programs in the holistic sense including public health, substance use and abuse, child abuse prevention, physical and mental health care.

2. The Board of Crime Control has restructured to include subcommittees on prevention and treatment.

3. The DOC and DPHHS have been working together on issues relating to felony offenders and transitioning to community programs.

4. The Governor's Office held a Methamphetamine Summit from which the Committee may gain additional insights into areas of public policy that need to be pursued. The Governor's Task Force will be meeting on July 15 to formulate recommendations. The National Crime Prevention Council expert agreed to extract legislative policy recommendations developed at the Summit for the Committee's review.

5. It was noted that there are many successes and examples of interagency coordination on an issue-by-issue basis that were done without the assistance of the ICC or any legislation.

Options:

1. Consider the ICC and MBCC recommendations and request a committee bill draft to implement them if necessary (i.e. repeal ICC and place a chief prevention and treatment officer in the MBCC to provide a bridge between state agencies to coordinate substance abuse prevention and treatment efforts between agencies.) There would be no movement of actual programs from any agency, just a direction that they cooperate and coordinate with the chief prevention and treatment officer and other agencies.

2. Request a committee bill draft for a resolution providing some input or direction to DPHHS about its expectations on intra-agency and prevention coordination and interagency prevention and treatment coordination.

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